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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **10/070431**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/		/				51					
2		/		/			52					
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49							99					
50							100					
TOTAL D.			3				TOTAL IND.					
TOTAL P.			15				TOTAL DEP.					
TOTAL AIMS			18				TOTAL CLAIMS					

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